

**A-00-07-276**  
**INTERAGENCY AGREEMENT**  
**BETWEEN**  
**THE OHIO DEPARTMENT OF HUMAN SERVICES**  
**AND**  
**THE OHIO DEPARTMENT OF MENTAL RETARDATION AND DEVELOPMENTAL DISABILITIES**

**I.**  
**PURPOSE**

This Agreement is entered into by the Ohio Department of Human Services (hereinafter "ODHS") and the Ohio Department of Mental Retardation and Developmental Disabilities (hereinafter "ODMR/DD") in order to:

Further promote value-purchasing strategies which balance access, quality, cost and consumer satisfaction with administrative capacity.

Establish a sub-recipient relationship between ODHS and ODMR/DD with regard to providing, or assisting to provide with ODHS, statewide access for eligible individuals with Medicaid or CHIP coverage for the following services:

- CAFS services through a network of county boards of MR/DD, private providers, local education agencies, Headstarts and Childrens Service Boards;
- TCM services including Service Coordination through a network of county boards of MR/DD, private providers, local education agencies, Headstarts and Childrens Service Boards;
- HCBS waiver services and statewide management of enrollment numbers regardless of county of residence through a network of county boards of MR/DD and private providers, unless statewideness is waived pursuant to the authority set forth in applicable approved waivers;
- ICF-MR services including ICF-MR services delivered in developmental centers which ODMR/DD shall assist ODHS in managing;
- PASRR screening services for individuals seeking NF services.

Provide statewide access to services, with the exception of PASRR, in accordance with the following federal compliance requirements:

- Statewideness - The Medicaid state plan services must be in effect everywhere in the state. If certain roles are delegated to political subdivisions (e.g. CBsMR/DD) it must be mandatory upon them.
- Recipient free choice of provider - Any individual eligible for Medicaid may obtain Medicaid state plan services from any institution, agency, pharmacy, person or organization that is qualified to furnish the services, is willing to furnish them and holds a valid Medicaid provider agreement.
- Comparability of services - The services made available to individuals with Medicaid coverage shall not be less in amount, duration or scope than the services made available to other individuals with Medicaid coverage. Each service must be sufficient in the amount, duration and scope to reasonably achieve its purpose.
- Reasonable promptness - The single state Medicaid agency (ODHS) must determine eligibility for Medicaid within specified time periods and must furnish Medicaid services promptly to recipients without any delay caused by the state agency's administrative procedures.
- Qualified Medicaid providers are given a Medicaid provider agreement, and if the provider is a non-governmental agency, a contract in addition to the Medicaid provider agreement that establishes the responsibility for the matching funds with either ODMR/DD, CBsMR/DD, local education agencies or Childrens Service Boards.

This Agreement does not include medical services available under the general assistance medical program. This Agreement is entered into in order to implement the provisions of 42 CFR 431 Subpart M.

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**A. Definitions**

ACTIVE TREATMENT	As described in 42 CFR 483.440 and OAC Rule 5123:2-14-01, a program of specialized and generic training, treatment, health services and related services.
CAFS	Community Alternative Funding System for Habilitation Centers, as defined in OAC 5101:3-37
CDHS	County Department of Human Services
CB/MRDD	County Board of Mental Retardation and Developmental Disabilities
CFR	Code of Federal Regulations
CRIS-E	Client Registry Information System - Enhanced
DEVELOPMENTAL CENTER	A public ICF/MR operated by ODMR/DD in accordance with ORC Section 5123.
FFP	Federal Financial Participation
HABILITATION CENTER	A non-profit, public or proprietary free-standing organization certified by ODMR/DD, which provides habilitative services to individuals with developmental disabilities either directly or through contractual arrangements and receives payment through CAFS.
CBS WAIVER	Any Medicaid home and community-based services waiver program available to individuals with MR/DD granted to ODHS by HCFA as permitted in Section 1915 (c) of the Social Security Act, with day-to-day administration delegated to ODMR/DD by ODHS.
HCFA	Health Care Financing Administration
ICF-MR	Intermediate Care Facility for Mentally Retarded certified to provide services to individuals with mental retardation or a related condition in accordance with 42 CFR 483, Subpart I, and administered in accordance with OAC Chapter 5101:3-3.
ICF-MR LOC	A determination of the need for services provided in an ICF-MR as defined in OAC Rule 5101:3-3-07
ISTV	Intra-State Transfer Voucher
LOC	Level of Care
LTCF	Long-Term Care Facility
MR/DD	Mental Retardation and Developmental Disabilities
NF	Nursing Facility as described in 42 CFR 483, Subpart B, and OAC Rule 5101:3-3-01.
OAC	Ohio Administrative Code
IC	Ohio Revised Code
OBRA '87	Omnibus Budget Reconciliation Act of 1987

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JPAM	Ohio Public Assistance Manual
PASRR	Pre-Admission Screening and Resident Review of provisions of OBRA '87, as amended, and as prescribed in OAC Rules 5101:3-3-151, 5101:3-3-152 and 5123:2-14-01.
PROGRAM AUDIT	A survey which measures the process or performance of a program against the rules or standards established for service delivery; studies internal procedures, staffing and management.
QUALITY ASSURANCE REVIEW	A process which measures and analyzes the quality of a specific program in order assure that the program rules and standards are met and the client receives the highest quality of services needed.
TARGETED CASE MANAGEMENT	A Medicaid State Plan service that provides case management, including services coordination, services to eligible individuals with MR/DD in accordance with OAC Chapter 5123.

## II.

## RESPONSIBILITIES OF THE OHIO DEPARTMENT OF HUMAN SERVICES

A. General Program Responsibilities

1. ODHS shall act as the single state agency responsible for the administration of the Medicaid program and has the full legal authority to administer or supervise the administration of the program. Certain functions may be delegated to ODMR/DD, but nothing in this Agreement can modify, impair or hinder the authority of ODHS to manage the Medicaid program.
2. ODHS shall delegate to ODMR/DD the authority to manage the Medicaid programs directly relating to the provisions of this Agreement in accordance with federal program compliance requirements which include statewideness, recipient free choice of provider, comparability of services, reasonable promptness, and resulting in the provision of a Medicaid provider agreement by ODHS to each qualified provider.
3. ODHS, through CDHS's, shall determine recipient eligibility for Medicaid.
4. ODHS shall recognize as approved providers of services identified in this Agreement those qualified individuals or organizations approved by ODMR/DD that comport with federal and state statute and regulations.
5. ODHS shall consult with ODMR/DD, and develop and promulgate OAC rules that, by reference, incorporate into the Ohio Medicaid program, the ODMR/DD rules governing the programs identified in this Agreement.
6. ODHS shall monitor ODMR/DD's performance and compliance with applicable state and federal laws, rules and regulations directly pertaining to the provisions of this Agreement.
7. ODHS shall communicate with ODMR/DD on relevant Medicaid issues so that ODMR/DD may properly carry out its role as a sub-recipient of federal Medicaid funds.
8. ODHS shall notify ODMR/DD of any program-related training sessions and may permit staff from ODMR/DD to attend without charge. ODHS shall likewise provide to ODMR/DD all appropriate material distributed to other Medicaid providers.

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9. ODHS will seek ODMR/DD guidance in addressing access issues within the state.
10. ODHS shall notify, inform and collaborate with ODMR/DD upon receipt of requests for payment for out-of-state services.
11. ODHS, in conjunction with ODMR/DD, shall within 12 months of the date of this agreement, jointly establish a process to develop service capacity to meet the needs of individuals either through in-state services or through specialized out-of-state services.
12. ODHS shall work with ODMR/DD to assure linkage between the ODMR/DD due process policy and hearing rights provided under Chapter 5101:6-2 of the Ohio Administrative Code.
13. ODHS shall provide computer access and training materials to CRIS-E (for input and informational purposes) for ODHS authorized ODMR/DD users and shall explore through a collaborative effort with ODMR/DD the provision of read access for ODHS authorized ODMR/DD sub-recipient users either through ODHS or ODMR/DD.
14. ODHS may perform review and monitoring activity of ODMR/DD and providers of Medicaid reimbursable activities designated in this agreement. Such reviews may require access to information from/about clients subject to the confidentiality of information pursuant to Article V. F. of this agreement.
15. ODHS may, as part of its UR activities, share Medicaid information with ODMR/DD for the purpose of evaluating the treatment patterns of persons with MR/DD who receive Medicaid services. Information shared concerning Medicaid recipients shall be limited to (i) Medical assistance ID numbers, (ii) Names and addresses, (iii) Medicaid services provided and (iv) Medical/social/emotional data, including diagnosis and past history of disease and disability.
16. ODHS shall review the State Auditor's A-133 audit of ODMR/DD to assure that ODMR/DD is properly performing sub-recipient monitoring and conducting corrective action follow-up.
17. ODHS shall be responsible for receiving, replying to and arranging compliance with any audit by the appropriate state or federal auditor directly relating to the provisions of this Agreement. ODHS will consult with ODMR/DD prior to carrying out any action.
18. ODHS may perform program and/or fiscal audits of ODMR/DD, Sub-recipients OF ODMR/DD and each provider to determine compliance with the terms and conditions of the programs and services enumerated in this agreement.

**B. HCBS Waivers Program Responsibilities**

1. ODHS shall ensure that the terms and conditions of HCFA approved HCBS waivers are met.
2. ODHS shall provide all required reports and assurances to HCFA in order to comply with federal regulations governing HCBS waivers, including:
  - a) an annual report containing information including the type, utilization, and cost of services provided under both the waiver and State plan as well as the process used to ensure the health and welfare of the persons served on the waiver consistent with a data collection plan designed by HCFA, and
  - b) assurance of the financial accountability for funds expended for home and community-based services and maintain and make available appropriate financial records documenting the cost.

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of services provided under the waiver, including reports of any independent audits conducted.

3. ODHS shall assure that consumers enrolled on HCBS waivers receive nursing and therapy services (physical therapy, occupational therapy and speech-language pathology) covered under the Ohio Home Care program from providers reimbursed by ODHS when the services are appropriate and medically necessary. ODHS shall provide utilization data to ODMR/DD to assist in authorizing appropriate service amounts.
4. ODHS shall retain authority for final approval of each waiver service plan and for reviewing service plans developed by ODMR/DD or its designee, including initial, ongoing, and closed cases. ODHS shall conduct reviews of HCBS waiver programs to assure that individuals being served are eligible for such services and that services are being delivered and claimed by providers as specified in care plans.
5. ODHS shall provide or delegate level of care determinations for waiver applicants. ODHS shall delegate to ODMR/DD responsibility for conducting LOC reviews in accordance with OAC Rule 5101:3-3-153 for HCBS Residential Facility waiver applicants only.
6. ODHS shall submit to HCFA any waiver amendments or renewal requests.
7. ODHS shall also consult with ODMR/DD, develop and promulgate OAC rules regarding HCBS waiver services and general oversight of such waivers, as well as HCBS waiver hearing rights and ICF-MR LOC determinations.
8. ODHS shall make available to ODMR/DD adequate and timely information to enable ODMR/DD to fulfill due process responsibilities.

**C. ICF-MR including ICF-MR services delivered in DEVELOPMENTAL CENTER Program Responsibilities**

1. ODHS shall operate an ICF-MR program in accordance with federal program compliance requirements, which include statewideness, recipient free choice of provider, comparability of services, and reasonable promptness.
2. ODHS recognizes ODMR/DD authority to establish ICF-MR bed capacity.
3. In accordance with applicable federal and state statutes and regulations, ODHS shall perform, or designate another approved entity, to perform, pre-admission reviews in order to determine appropriate LOC for all Medicaid eligible residents who are placed in certified sections of Developmental Centers. ODHS shall perform utilization review functions for Developmental Centers.

**D. PASRR Program Responsibilities**

1. ODHS shall implement the applicable PASRR provisions of OBRA '87, as amended, for which it is responsible.
2. ODHS shall conduct program reviews of ODMR/DD's performance of PASRR Level II determinations.
3. ODHS shall allow ODMR/DD access to records and exchange information in order to implement PASRR and shall participate in joint planning with all agencies involved in implementing PASRR.
4. ODHS or its designee shall conduct assessments of individuals with indications of MR or another DD who are applying for admission to a NF or for enrollment onto the PASSPORT waiver to determine whether the level of services provided by a NF are needed. TN No. 99-011 APPROVAL DATE DEC 18 1999

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**III.  
ODMR/DD RESPONSIBILITIES**

**A. General Program Responsibilities**

1. ODMR/DD, as a sub-recipient of federal Medicaid funds for the administration and management of CAFS, TCM, HCBS waivers, Developmental Centers and PASRR, shall determine provider eligibility to receive Medicaid payments; have its performance measured on meeting federal program objectives; be responsible for programmatic decision making; and adhere to applicable federal program compliance requirements including statewideness, recipient free choice of provider, comparability of services and reasonable promptness. Qualified providers with a Medicaid provider agreement are given a Medicaid contract, which contains provisions for meeting matching requirements.
2. ODMR/DD shall directly manage the Developmental Centers. ODMR/DD shall directly manage the CAFS, TCM, HCBS waivers and PASRR programs through sub-recipient relationships with the county boards of MR/DD and/or other entities that will be specified to ODHS by ODMR/DD.
3. The characteristics of the sub-recipient relationship and the obligations arising from that relationship are specified in appendix A and further specified in agreements between ODMR/DD and the sub-recipients and/or in Ohio Administrative Code rules. A uniform contract will be executed with each sub-recipient.
4. ODMR/DD shall establish standards and procedures to ensure compliance with the provisions of this interagency agreement, including: responsibilities for sub-recipient status, including program management responsibility for CAFS, including recipient eligibility for services in programs managed, determination of service need and assurance of health and safety; identification of requirements for qualification of providers by service and program; requirements for contracting and subcontracting; methods for resolving disputes; reimbursement structure; and methods for assuring matching funds to manage a statewide program.
5. ODMR/DD shall determine within reasonable timeframes provider eligibility to receive Medicaid payments in accordance with federal program compliance requirements which include statewideness, recipient free choice of provider, comparability of services (unless such requirements are waived pursuant to the authority set forth in applicable approved waivers) and reasonable promptness. Qualified providers with a Medicaid provider agreement are given a Medicaid contract, which contains provisions for meeting matching requirements. Within 12 months of the date of this Agreement, ODMR/DD, in partnership with its sub-recipients will modify standards and procedures for provider appeals and the use of contracts/subcontracts between sub-recipients and providers.
6. ODMR/DD shall consult with ODHS and develop and promulgate OAC rules governing the programs identified in this Agreement.
7. ODMR/DD shall ensure that all programs identified in this Agreement are implemented in accordance with the approved Medicaid State Plan and applicable approved waivers and that all appropriate Medicaid eligible recipients are provided access to such services in accordance with the OAC.
8. ODMR/DD shall include its sub-recipients in communication with ODHS on relevant Medicaid issues so that they may properly carry out their role as sub-recipients of federal Medicaid funds as such role is set forth in Appendix A of this agreement and further specified in agreements between ODMR/DD and the sub-recipients and/or in Ohio Administrative Code Rules.
9. ODMR/DD shall provide any program-related training information and appropriate material to its sub-recipients.

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10. ODMR/DD shall assure the provision of technical assistance to providers in order for them to properly discharge their responsibilities under this Agreement.
11. ODMR/DD shall, within 30 days of the ending date of this Agreement, submit to ODHS a plan which outlines ODMR/DD's function in executing the plan and obligation concerning service capacity and the appropriate use of out of state services when service capacity does not exist in the state.
12. ODMR/DD shall notify, inform and collaborate with ODHS upon receipt of requests for payment for out-of-state services.
13. ODMR/DD shall collaborate with its sub-recipients and ODHS to develop service capacity to meet the needs of individuals either through in-state services or through specialized out-of-state services.
14. ODMR/DD shall, within 6 months of the date of this Agreement, submit to ODHS a due process policy and proposed rules for any denial, reduction or termination of CAFS or TCM services experienced by a Medicaid consumer that results from a decision made by a sub-recipient of Medicaid funds.
15. ODMR/DD shall complete a CRIS-E security agreement for each authorized user in order to receive authorization to access CRIS-E for input and informational purposes only.
16. ODMR/DD shall assure that a mechanism is created that establishes review and monitoring systems for an ongoing selected sample of providers.
17. ODMR/DD shall, upon written request by ODHS or its designee, review Medicaid information and advise ODHS or its designee regarding the treatment patterns or services provided to individuals with MR/DD. The confidentiality requirements set forth in this interagency agreement must be followed.
18. ODMR/DD shall provide for the exchange of information, upon request, on problems and needs of individuals with MR/DD, and about services provided to individuals with MR/DD. ODMR/DD shall facilitate access to utilization data.
19. Consumer-specific information may only be shared with the provider of services, unless the organization has a sub-recipient relationship for managing the Medicaid program.
20. ODMR/DD shall perform monitoring of its sub-recipient contracts, those with whom it has vendor relationships, and other entities, if applicable. ODMR/DD shall make known to ODHS all sub-recipient relationships with entities other than county boards of MR/DD. ODMR/DD shall require County Boards of MR/DD to identify all sub-recipient relationships.
21. ODMR/DD shall assure the maintenance of records in accordance with federal requirements. ODMR/DD shall also assure the maintenance of records necessary to fully disclose the extent and nature of services provided by all participating providers for a period of six years after reimbursement for services. If an audit has been started, the records shall be retained until the audit is completed and all exceptions resolved. ODMR/DD shall assure that all records are available upon request from ODHS, the State Auditor, HCFA and/or any duly authorized representative for audit purposes.
22. ODMR/DD shall license specified residential facilities, including applicable ICFs/MR, in accordance with applicable state statutes and OAC rules.

**CAFS Program Responsibilities**

1. ODMR/DD shall use sub-recipient relationships to assist in the management of the CAFS program.

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2. Within 6 months of this agreement, ODMR/DD will begin to work collaboratively with ODHS and ODE, in partnership with its sub-recipients and with input from other providers and from consumers, to redesign the CAFS program to include, but not be limited to changes in service descriptions, provider qualifications including review of requirements, procedures and standards for certification of providers, reimbursement structures, and uniform standards for needs assessment, medical necessity and a centralized uniform process for reasonable access to CAFS services.
3. ODMR/DD shall perform certification of habilitation centers to determine compliance with ODMR/DD standards for participation as a CAFS provider in the Ohio Medicaid Program and monitor compliance with program standards to determine continued certification as a habilitation center and a CAFS provider.
4. Until redesign of the CAFS program results in modification of the requirements, procedures and standards for certification of providers, the standards for certification of habilitation centers shall include the requirements of Ohio Administrative Code Chapter 5123:2-5.

**C. TCM including Service Coordination, Program Responsibilities**

1. ODMR/DD shall use sub-recipient relationships to assist in the management of the TCM and/or Service Coordination programs.
2. Within 6 months of this agreement, ODMR/DD will begin to work collaboratively with ODHS and ODE in partnership with its sub-recipients and with input from other providers and from consumers, to redesign the TCM program, including service coordination, including changes in service descriptions, provider qualifications including review of requirements, procedures and standards for certification of providers, reimbursement structures, and uniform standards for needs assessment, medical necessity and a centralized uniform process for reasonable access to TCM, including service coordination, services.
3. ODMR/DD shall perform certification of habilitation centers to determine compliance with ODMR/DD standards for participation as a TCM , including Service Coordination provider in the Ohio Medicaid Program. Thereafter, ODMR/DD shall monitor compliance with its program standards to determine continued certification as a TCM including Service Coordination provider.

**D. HCBS Waivers Program Responsibilities**

1. ODMR/DD shall use sub-recipient relationships to assist in the management of HCBS waiver programs through local administration efforts.
2. ODMR/DD shall manage the waiver programs in accordance with waivers granted and the following assurances made to HCFA:
  - a) The health and safety of individuals receiving services under these waivers are protected.
  - b) Levels of care are evaluated initially and the need for the same levels of care annually and only individuals who would reside in ICFS/MR in the absence of the waivers are enrolled.
  - c) All individuals determined to have an ICF-MR level of care are informed of feasible alternatives under the waiver and given the choice of institutional or home and community based services.
  - d) All individuals denied services of choice, providers of choice, or not given the choice of HCBS as an alternative to placement in an ICF-MR receive notice of fair hearing rights (42 CFR Part 431, subpart E).

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- e) The average per capita expenditure under the waivers will not exceed 100% of the average per capita expenditures for ICF-MR institutionalization.
  - f) The total expenditure for HCBS and other Medicaid services under the waivers will not exceed 100% of the amount that would be incurred by the State's Medicaid program for these individuals in ICFs/MR.
  - g) In lieu of the waiver, individuals would be eligible to receive institutional care in ICFs/MR.
3. ODMR/DD shall provide ODHS with information/data related to part d of the HCFA 372 in the format requested.
  4. ODMR/DD shall, through its sub-recipient relationship with County Boards of MR/DD, assist ODHS in authorizing medically necessary and appropriate nursing and therapy services (physical therapy, occupational therapy and speech-language pathology) covered under the Ohio Home Care Program for consumers enrolled on the IO and RFW HCBS waivers.
  5. ODMR/DD, in partnership with its sub-recipients, shall assure that individuals enrolled on waivers only receive services which are necessary to assure health and safety and prevent institutionalization and are described on an approved, written service plan which describes the medical and other services to be furnished, their frequency, and the type of provider who will furnish each.
  6. ODMR/DD shall submit to ODHS any assessments or plans of care as requested by ODHS and furnish to ODHS on a monthly basis a census of HCBS waiver enrollees and list of disenrollees, including reasons for disenrollment.
  7. ODMR/DD shall conduct LOC reviews of residential facility waiver applicants only, to determine ICF-MR LOC eligibility.
  8. ODMR/DD, in partnership with its sub-recipients, shall submit any waiver amendment or waiver renewal requests to ODHS and will include a description of the process used for constituent input. Constituent input may be obtained, but is not required in connection with requests for technical amendments of a waiver. A technical amendment means any amendment in, which the change has, no impact on cost or utilization services (directly or indirectly).
  9. ODMR/DD shall arrange for the provision of HCBS waiver services in accordance with all applicable OAC rules.
  10. ODMR/DD shall provide representation at hearings requested by applicants, enrollees and disenrollees of any HCBS waiver administered by ODMR/DD when the adverse action is initiated by the administrative agency.

**E. ICF-MR Including ICF-MR Services delivered in developmental center Program Responsibilities**

1. ODMR/DD, as a sub-recipient of federal Medicaid funds, shall assist ODHS in operating an ICF-MR program in accordance with federal program compliance requirements which include statewide, recipient free choice of provider, comparability of services, and reasonable promptness. ODMR/DD shall assure that active treatment provided to individuals both within ICFs-MR and habilitation centers is coordinated by each ICF-MR.
2. ODMR/DD shall assure that each Developmental Center complies with all applicable requirements of the CFR, ORC and OAC, and shall assist the CDHS in determining eligibility of all residents. ODMR/DD shall report to the CDHS in a timely manner all admissions, discharges, transfers, deaths, regular

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income, resources, and days out of each Developmental Center for Medicaid eligible residents. ODMR/DD shall make available to ODHS, or its designee, information and access to Medicaid eligible residents of each Developmental Center and their records as required for utilization review purposes. ODMR/DD shall accept LOC determinations made by ODHS, or its designee, in arranging placement from each Developmental Center to or from a Medicare certified long-term care facility.

**F. PASRR Program Responsibilities**

1. ODMR/DD, in partnership with its sub-recipients, shall assure the provision of services including by comprehensive evaluation, habilitation services, relocation management, and ongoing monitoring Medicaid recipients who are determined pursuant to PASRR rules to need specialized services, but are residing in a Medicaid-certified NF; are individuals with MR/DD and are determined by the resident review process to no longer need care in a NF; require LOC determination upon readmission or transfer to another NF and receive an ICF-MR LOC; are residing in a decertified facility; are enrolled in the passport HCBS waiver; are enrolled in the home care HCBS waiver; or are individuals in an ICF-MR that's altered certification results in the non-certification of ICF-MR care.
2. ODMR/DD shall use sub-recipient relationships to assist in the management of the PASRR programs.
3. ODMR/DD shall manage PASRR LEVEL II assessments and make final determinations of individuals with indications of mental retardation or another developmental disability that have applied for admission to a NF or for enrollment onto the PASSPORT Waiver.
4. ODMR/DD shall allow access to records and exchange information to implement the PASRR provisions of OBRA '87, and as amended and shall participate in joint planning with all agencies involved in implementing PASRR.
5. ODMR/DD or its designee shall conduct assessments of individuals with indications of MR or another DD who are applying for admission to a NF or for enrollment onto the PASSPORT waiver to determine whether specialized services are required.
6. ODMR/DD or its designee shall review the need for NF and specialized services for individuals already residing in NFs or enrolled on the PASSPORT waiver who experience a significant change in the status of their conditions.
7. ODMR/DD shall assure that all PASRR assessments and determinations are made in accordance with the specifications and timelines found in OAC Rules 5101:2-14-01, 3-3-151, and 3-3-152.
8. ODMR/DD through its sub-recipient relationships shall assure that individuals determined to need specialized services receive them.
9. ODMR/DD shall assure that all individuals assessed as part of PASRR have the right to appeal any determination they consider adverse by maintaining a statewide system for appeals.
10. ODMR/DD shall monitor the PASRR process by conducting periodic quality reviews.

**IV.  
COMPENSATION**

ODHS agrees to reimburse ODMR/DD in accordance with the following:

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